ATTACHMENT A: Summary of Validation

Response Rate

	Beneficiaries
Number requested	180
Number received	171
Number of beneficiaries in List A[1] with medical records	150
Response rate (including only List A beneficiaries)	83.3%

Discrepancy Rates

	Number	Percent
Number of HCCs to be validated[2]	261	NA
HCCs validated	244	NA
HCCs with missing records	17	NA
HCCs validated as non-discrepant	169	64.8%
HCCs validated as discrepant (excludes HCCs with missing records)	75	28.7%
HCCs with missing records	17	6.5%
	261	100.0%
Discrepant HCCs downcoded	3	1.1%
Discrepant HCCs upcoded	89	34.1%
HCC Discrepancy Rate (includes missing records)	92	35.2%

1 List A is the sample of 20 beneficiaries per plan for whom HCCs were to be validated. If a plan could not find records for any List A beneficiaries, then it was permitted to choose substitution beneficiaries from a list of 10 List B beneficiaries. This response rate only includes beneficiaries from List A.

2 The number of HCCs to be validated includes all HCCs from all beneficiaries for whom records were submitted (includes Lists A and B) .

ATTACHMENT B: HCC Upcoding Discrepancies By HCC Changed To

Discrepant HCC	Changed to MRR HCC	Frequency	
		n	%
HCC19	No HCC	14	15.7
HCC92	No HCC	10	11.2
HCC80	No HCC	9	10.1
HCC10	No HCC	8	9.0
HCC83	No HCC	7	7.9
HCC105	No HCC	5	5.6
HCC108	No HCC	5	5.6
HCC16	HCC19	3	3.4
HCC96	No HCC	3	3.4
HCC15	HCC19	2	2.3
HCC18	HCC19	2	2.3
HCC18	No HCC	2	2.3
HCC38	No HCC	2	2.3
HCC71	No HCC	2	2.3
HCC108	HCC19	1	1.1
HCC112	No HCC	1	1.1
HCC131	No HCC	1	1.1
HCC149	HCC19	1	1.1
HCC15	HCC18	1	1.1
HCC15	No HCC	1	1.1
HCC17	HCC19	1	1.1
HCC44	No HCC	1	1.1
HCC45	No HCC	1	1.1
HCC74	No HCC	1	1.1
HCC8	HCC19	1	1.1
HCC80	HCC92	1	1.1
HCC82	HCC83	1	1.1
HCC82	No HCC	1	1.1
HCC92	HCC19	1	1.1
	Total	**89**	

All discrepant HCCs were classified as upcoding or downcoding. This table shows the reassignment of all discrepant HCCs that were upcoded. Upcoding is associated with overpayment and occurs if the risk adjustment HCC cost factor is higher than the medical record review HCC cost factor.

ATTACHMENT C: HCC Upcoding Discrepancies By HCC Changed To

(missing records only)

Discrepant HCC	Changed to MRR HCC	Frequency	
		n	%
HCC19	No HCC	5	29.4
HCC80	No HCC	4	23.5
HCC92	No HCC	2	11.8
HCC131	No HCC	1	5.9
HCC18	No HCC	1	5.9
HCC44	No HCC	1	5.9
HCC45	No HCC	1	5.9
HCC71	No HCC	1	5.9
HCC83	No HCC	1	5.9
	Total	**17**	

All discrepant HCCs were classified as upcoding or downcoding. This table shows the reassignment of missing HCCs that were upcoded. Upcoding is associated with overpayment and occurs if the risk adjustment HCC cost factor is higher than the medical record review HCC cost factor.

ATTACHMENT D: HCC Downcoding Discrepancies By HCC Changed To

Discrepant HCC	Changed to MRR HCC	Frequency	
		n	%
HCC105	HCC104	1	33.3
HCC38	HCC105	1	33.3
HCC92	HCC80	1	33.3
	Total	**3**	

All discrepant HCCs were classified as upcoding or downcoding. This table shows the reassignment of all discrepant HCCs that were downcoded. Downcoding is associated with underpayment and occurs if the risk adjustment HCC cost factor is lower than the medical record review HCC cost factor.

ATTACHMENT E: Discrepant HCCs and Corresponding Discrepant Diagnoses--Reviewer Comments

Row Number	Date of Service	Discrepant HCC	MRR HCC	Diagnosis		Master Coder Comments
				Discrepant Dx	MRR Dx	
1	08/17/2001	HCC10	No HCC	1749	V103	Reports from radiology consultants. Clinical history is status post right mastectomy for breast cancer and V code V10.3 is appropriate to be assigned. Code 1749 is incorrect because the findings from the sonogram of the left mammogram is negative for malignancy.
2	10/02/2001	HCC10	No HCC	185	71946	Patient came in and was assessed and diagnosed with knee pain. There was no indication that the patient has malignant neoplasm of the prostate. However, CBS and PSA was ordered. Code 71946 is appropriate code.
3	10/08/2001	HCC10	No HCC	185	V6759	Patient came in for lupron shot of 30 mg. There was no documentation to support the diagnosis of prostate cancer. V6759 is the most appropriate code that can be assigned on this visit.
4	10/25/2001	HCC10	No HCC	185	78830	Patient with history of prostate cancer continues to have problems with his bladder and unable to hold his urine. Patient was diagnosed with urinary incontinence and pterygium of the left eye therefore 78830 is appropriate diagnosis.
5	12/17/2001	HCC10	No HCC	174	2330	Patient is status post right breast biopsy. The findings revealed a focal ductal carcinoma in situ, about 1 cm from the surgical margins therefore the correct code is 233.0.
6	05/15/2002	HCC10	No HCC	185	4019	Patient came in for a physical examination and to monitor patient's blood pressure. Patient was assessed and diagnosed with hypertension. There was no documentation of cancer of the prostate. What was documented was the prostate exam was deferred and patient will see Dr. **** 6/02.
7	05/31/2002	HCC10		1539		There was incomplete documentation submitted to code the selected visit. Operative and pathology reports were submitted by the plan.
8	06/14/2002	HCC10	No HCC	2251	38872	Patient visit of 6/14/02 is for earache as per documentation. There was no indication that the patient was diagnosed with benign neoplasm of cranial nerve.
9	08/02/2001	HCC105	No HCC	4439	2724	Patient was assessed and diagnosed with hyperlipedemia, angina pectoris, CHD, and RAD. There was no documentation to support the diagnosis of PVD (4439).
10	08/06/2001	HCC105	No HCC	4402	4599	Patient complaint of painful long nails and was assessed , evaluated and diagnosed with occlusive vascular which is coded to 4599. There was no documentation to support that the patient had arthrosclerosis of the extremities. Therefore, 4599 is the appropriate code for this visit.
11	09/27/2001	HCC105	HCC104	4471	44422	Patient was seen for her legs, pain and numbness in her toes, and leg cramps. Noninvasive study showed some stenoses which was referred to as high grade stenoses in the right popliteal and left mid superficial femoral artery. The appropriate code should be 444.22. Documentation guidelines instruct to code the highest level of specificity therefore 444.22 is appropriate.
12	10/11/2001	HCC105	No HCC	4429	78079	Documentation stated a questionable and r/o aneurysm. Coding Clinic guidelines for outpatient services do not allow us to code r/o, questionable, suspected therefore, the correct code is 78079 (fatigue and malaise) or 725 (polymyalgia rheumatica).
13	03/01/2002	HCC105	No HCC	4439	78052	Patient came in for insomnia and his treatment of Restoril was increased to 30 mg. There was no documentation to substantiate the diagnosis of peripheral vascular disease. The correct code is 78052.
14	06/06/2002	HCC105	No HCC	44021	41401	Patient was r/o for PVD. Coding Clinic guidelines for outpatient services do not allow us to code r/o, questionable or suspected diagnoses. Based on this visit (6/6/02), the patient was diagnosed with CAD.

ATTACHMENT E: Discrepant HCCs and Corresponding Discrepant Diagnoses--Reviewer Comments

Row Number	Date of Service	Discrepant HCC	MRR HCC	Diagnosis		Master Coder Comments
				Discrepant Dx	MRR Dx	
15	08/07/2001	HCC108	No HCC	496	78609	There was no definitive diagnosis to be assigned however the symptom code dyspnea on exertion is appropriate. Coding guidelines states to use signs or symptoms if there is no definitive diagnosis. Code 496 cannot be assigned because it is a suspected diagnosis. Coding Clinic (outpatient) advises the coder not to use the terms suspected, R/O, likely or questionable. Therefore, code 78609 is correct.
16	08/28/2001	HCC108	No HCC	4910	V700	This is a follow up visit. There was no indication or documentation to support the diagnosis of chronic bronchitis. Patient's overall status as per documentation is stable.
17	10/17/2001	HCC108	No HCC	4928	4019	There was no documentation to support the diagnosis of emphysema. This visit showed a diagnosis of hypertension (4019).
18	01/08/2002	HCC108		4910		There was incomplete documentation submitted to code the selected visit. The record submitted by the Plan was a chest x-ray report with no diagnosis documented.
19	01/16/2002	HCC108	No HCC	492	49390	Patient has been treated for his adult onset reactive airway disease. Patient has been on various bronchodilator therapies. Code 493.90 is appropriate code to use.
20	02/18/2002	HCC108	HCC19	496	25000	There was no documentation that the patient has COPD. Based on physician documentation, patient has DM , type 2 long standing and currently taking glucophage 500 mg therefore code 25000 is appropriate.
21	07/05/2001	HCC112	No HCC	481	486	There was no evidence of pneumococcal pneumonia. Based on documentation patient was diagnosed with pneumonia only therefore code 486 is appropriate
22	05/06/2002	HCC149	HCC19	7079	25000	Documentation confirmed the diagnosis of diabetes mellitus. There was no evidence that the patient has chronic skin ulcer. Code 25000 is the appropriate diagnosis based on documentation in the record
23	07/16/2001	HCC15	HCC19	25070	25000	Patient was assessed and diagnosed with adult onset diabetes mellitus which is coded to 25000. There was no indication of diabetic complication.
24	07/30/2001	HCC15	No HCC	25070	7011	Based on the service record, the patient was seen for hyperkeratotic lesion and toenails trimmed. No documentation of Diabetes on this visit.
25	03/12/2002	HCC15	HCC18	25050	25050	This was an additional record submitted by the plan. Coder agreed with new code submitted by the plan for visit date 3/12/02. However, ICD-9-CM code submitted by the plan is not a diagnosis for HCC 15, but rather HCC 18.
26	04/30/2002	HCC15	HCC19	25070	25000	Patient was assessed and diagnosed for diabetes mellitus. There was no indication or documentation of diabetic complication. Therefore, code 25000 is appropriate.
27	10/29/2001	HCC16	HCC19	25082	25000	Based on physician documentation, the patient was diagnosed with Diabetes and there was no physician statement that the diabetes was uncontrolled therefore the correct code is 25000.
28	12/11/2001	HCC16	HCC19	25062	25000	Patient returned for follow up of Type 2 Diabetes which he had for 5 years. Patient was assessed and tests were done. Code 25000 is the appropriate code. There was no documentation that linked the diabetes to neuropathy.

ATTACHMENT E: Discrepant HCCs and Corresponding Discrepant Diagnoses--Reviewer Comments

Row Number	Date of Service	Discrepant HCC	MRR HCC	Diagnosis		Master Coder Comments
				Discrepant Dx	MRR Dx	
29	02/12/2002	HCC16	HCC19	25060	25000	Per documentation, the patient has non insulin dependent diabetes and this is coded to 25000. There was no indication/documentation that the patient has a diabetic complication with neurological manifestation on this visit. HCC changed to HCC 19
30	09/05/2001	HCC17	HCC19	2501	25000	Truncated code. Missing 5th digit. Coding Clinic instructs the coder to code to the highest level of specificity. The correct code is 25000.
31	07/23/2001	HCC18	HCC19	2505	25000	As per documentation, patient was diagnosed with diabetes. There was no indication or documentation to support that diabetes is linked to an ophthalmic manifestation (eye disease as a complication of diabetes).
32	03/25/2002	HCC18	HCC19	2509	25000	Patient was diagnosed with diabetes and there was no mention that diabetes is linked to cataract therefore the correct code is 25000.
33	04/26/2002	HCC18	No HCC	25091	7999	Progress report that the patient's case was reviewed and the plan of treatment was done. However, there was no diagnosis to assign and no physician documentation of any diagnosis to be validated. Code 7999 is assigned for no diagnosis.
34	08/30/2001	HCC19	No HCC	2500	7821	Patient visit is for leg rash. There was no mention or diagnosis of diabetes. Note: code assigned on the encounter is missing 5th digit.
35	09/17/2001	HCC19	No HCC	25000	6019	Patient came in for a follow up visit and the physician felt that the patient was suffering from a prostate infection. There was no other documentation to support the diagnosis of diabetes. Therefore, 25000 should be changed to prostate infection, code 6019.
36	11/05/2001	HCC19	No HCC	25000	V700	Based on visit the patient came in for annual examination. Patient was assessed and evaluated. The correct code is V700. No indication on this visit that the patient was diagnosed with DM.
37	11/09/2001	HCC19	No HCC	25001	7906	Patient was diagnosed with hyperglycemia on this visit. There was no documentation to substantiate the diagnosis of 25001(diabetes)
38	12/13/2001	HCC19	No HCC	25000	5640	Based on this visit the patient had constipation and back pain two weeks ago and patient was asymptomatic. The diagnosis of DM is not substantiated on this visit therefore code 5640 is appropriate to assign.
39	02/12/2002	HCC19	No HCC	25000	7821	Patient came with a rash across his abdomen, consistent with fungal rash and patient was given lotion for his rash. There was no documentation that the patient has diabetes. The only information documented was that the patient's blood sugar in November was 117 and a possible history of diabetes in a number of his "uncles".
40	05/09/2002	HCC19	No HCC	25000	6273	There was no documentation to support the diagnosis of diabetes. Based on documentation the patient complained of vaginal bleeding and was found to have atrophic vaginitis which is coded to 6273.
41	05/16/2002	HCC19	No HCC	25000	4781	Documentation showed a diagnosis of chronic nasal congestion. Although documentation stated to discontinue glucophage, there was no evidence that the patient was diagnosed with diabetes mellitus.
42	06/11/2002	HCC19	No HCC	71596		This was an additional record submitted by the plan. Coder agreed with new code submitted by the plan for visit date 6/11/02. However, ICD-9-CM code submitted by the plan is not a diagnosis for HCC 19.

ATTACHMENT E: Discrepant HCCs and Corresponding Discrepant Diagnoses--Reviewer Comments

Row Number	Date of Service	Discrepant HCC	MRR HCC	Diagnosis		Master Coder Comments
				Discrepant Dx	MRR Dx	
43	07/17/2001	HCC38	No HCC	720	72190	Documentation revealed that the patient was diagnosed with Degenerative Joint Disease (DJD) of the spine. Note Code assigned (720) is truncated, it needs a 4th digit.
44	07/27/2001	HCC38	No HCC	720	7213	Patient was diagnosed with lumbar degenerative joint disease which is coded to 7213.
45	11/02/2001	HCC38	HCC105	4460	4476	Patient with foclliculitis and started with levaquin and found to have vasculitis. Patient started with bactroban and didn't feel better. Patient was treated with prednisone and felt much better. The patient was diagnosed with cutaneous vasculitis. There was no documentation to support that the patient has polyarteriutis therefore the correct code is 4476.
46	10/23/2001	HCC71	No HCC	3569	3559	Based on this encounter, patient came in with PVD, neuropathy. There was no documentation of peripheral neuropathy.
47	02/27/2002	HCC74	No HCC	78039	7804	Patient complained of intermittent dizziness and the physician's recommendation is to have EEG to rule out vertiginous epilepsy. There was no documentation or evidence to support the diagnosis of 78039.
48	04/22/2002	HCC8	HCC19	1569	25000	Patient was assessed for DM, weight loss, hypercalcemia, and osteoporosis. There was no documentation to support the diagnosis of malignant neoplasm of biliary tract.
49	07/17/2001	HCC80	No HCC	428	460	Patient with temperature of 97.4 presented with cold, with runny nose and nasal congestion. There was no indication or documentation of a heart failure therefore the correct code is cold (460)
50	08/16/2001	HCC80	No HCC	4254	4299	Patient was followed up for her mild left ventricular systolic dysfunction. Her examination today revealed a blood pressure of 110/70. There was no documentation that the patient has primary cardiomyopathy therefore the appropriate code is 429.9.
51	08/23/2001	HCC80	No HCC	428	72700	Based on documentation the patient has right shoulder synovitis which is coded 72700. There was no indication that the patient was in heart failure therefore 72700 is appropriate.
52	09/25/2001	HCC80	No HCC	425	4148	Documentation was so specific to ischemic cardiomyopathy which is coded to 4148. Code 425 is for cardiomyopathy and this code is missing 5th digit.
53	11/16/2001	HCC80	No HCC	4280	56949	There was no documentation to support congestive heart failure. Documentation supported the diagnosis of rectal lesion.
54	01/23/2002	HCC80	HCC92	428	42731	Patient came in for palpitations and was found to have atrial fibrillation with rapid ventricular response. There is no documentation or evidence to substantiate the diagnosis of bacterial pneumonia.
55	01/23/2002	HCC82	No HCC	41181	7862	Patient came in with complaint of cough for two weeks and was treated with Robitussin. Cough is appropriate as visit diagnosis. There was no evidence that the patient was diagnosed with acute coronary occlusion.
56	03/07/2002	HCC82	HCC83	411	4139	Missing 4th digit. Code is truncated. Documentation supports the diagnosis of angina.

ATTACHMENT E: Discrepant HCCs and Corresponding Discrepant Diagnoses--Reviewer Comments

Row Number	Date of Service	Discrepant HCC	MRR HCC	Diagnosis		Master Coder Comments
				Discrepant Dx	MRR Dx	
57	07/27/2001	HCC83	No HCC	4139	4279	There was no indication that the patient was diagnosed with angina on this visit. Although patient was diagnosed with multiple cardiac conditions, 4279 arrhythmia can be assigned. We can also assign 42731, 4270 or 4019 for this encounter.
58	08/24/2001	HCC83	No HCC	4139	4011	Documentation revealed hypertension. There was no documentation to support the diagnosis of angina.
59	11/14/2001	HCC83	No HCC	4139	41401	Patient returns for cardiac follow up. The patient was assessed for coronary artery disease and underwent echocardiography. Patient was not diagnosed with angina therefore the correct code is 41401.
60	01/25/2002	HCC83	No HCC	4139	07810	Documentation supports the diagnosis of viral warts. There was no documentation to support the diagnosis of angina.
61	03/25/2002	HCC83	No HCC	4139	78052	Based on 3/25 documentation patient has occasional chest pain with climbing stairs and walking uphill as well as insomnia . We can use insomnia or chest pain as diagnoses. However, there was no evidence to support the diagnosis of angina.
62	05/29/2002	HCC83	No HCC	413	41401	There was no documentation of angina and based on documentation the patient has coronary artery disease therefore, 41401 is appropriate. Code 413 needs to have a 5th digit if assigned.
63	07/06/2001	HCC92	No HCC	78659	78659	Coder agreed with new code submitted by the plan for visit date 7/6/01. However, ICD-9-CM code submitted by the plan is not a diagnosis for HCC 92.
64	08/30/2001	HCC92	HCC80	4271	4280	Patient had CHF two weeks ago with Lasix 20 mg. There was no documentation to support the diagnosis of paroxysmal ventricular Tachycardia. CHF is appropriate code.
65	09/01/2001	HCC92		42731		There was invalid documentation submitted to code the selected visit. An inpatient discharge summary was submitted by the plan. Inpatient medical records were not a valid provider type in this study.
66	09/10/2001	HCC92	HCC19	42731	25000	Documentation on DOS 9/10/01 supports the diagnosis of DM. There was no indication that the patient has atrial fibrillation. Note: Plan submitted two cover sheets with different visits for HCC92. Visit of 9/10/01 was validated. Medical record for other visit is not available.
67	09/26/2001	HCC92		42731		There was incomplete documentation submitted to code the selected visit. The selected date of service (9/26/01) was not found in the medical record submitted by the plan.
68	10/03/2001	HCC92	No HCC	4149		This was an additional record submitted by the plan. Coder agreed with new code submitted by the plan for visit date 10/3/01. However, ICD-9-CM code submitted by the plan is not a diagnosis for HCC 92.
69	10/26/2001	HCC92	No HCC	4270	V5331	Patient presented for follow up evaluation. Assessment of the pacemaker showed underlying third degree AV block therefore V53.31 is appropriate code.
70	11/14/2001	HCC92	No HCC	42781	42789	Patient was not diagnosed with sinoatrial node dysfunction. Documentation supports the diagnosis of sinus bradycardia as confirmed by the electrocardiogram report.

ATTACHMENT E: Discrepant HCCs and Corresponding Discrepant Diagnoses--Reviewer Comments

Row Number	Date of Service	Discrepant HCC	MRR HCC	Diagnosis		Master Coder Comments
				Discrepant Dx	MRR Dx	
71	04/10/2002	HCC92	No HCC	78052		This was an additional record submitted by the plan. Coder agreed with new code submitted by the plan for visit date 4/10/02. However, ICD-9-CM code submitted by the plan is not a diagnosis for HCC 92.
72	05/29/2002	HCC92	No HCC	42781	41401	Patient was in the office for follow up evaluation and his coronary artery disease condition was assessed and evaluated. Stress test does not show any changes. There is still evidence of the same problem in the right coronary artery. But, no indication of new changes. Code 41401 is appropriate to be assigned. There was no indication of documentation of sino-atrial node dysfunction.
73	06/12/2001	HCC96		436		There was invalid documentation submitted to code the selected visit. The visit date submitted by the plan was outside the data collection period.
74	10/27/2001	HCC96	No HCC	436	7295	Documentation showed that the patient fell on the sidewalk and now presenting with pain in the right knee and right hand. There was no documentation to support that the patient suffered a CVA. The correct code is 7295.
75	05/09/2002	HCC96	No HCC	436	43889	Based on documentation patient has a history of stroke which is coded to 43889. Code 436 can not be assigned unless the physician describes the condition as sudden, severe onset of symptoms of stroke.